



Dr. J.D. Clark

Bozeman Podiatric Clinic

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Office Financial Policy

We are doing everything possible to hold down the cost of medical care. You can help a great deal by reducing the number of bills we send to you. The following is a summary of our financial policy:

1. Payment is required at the time of service unless other arrangements are made in advance. This includes applicable coinsurance, copayments and deductibles. Bozeman Podiatry Clinic accepts cash, personal checks, Visa, MasterCard, American Express and Discover Card. There is a service charge for returned checks.
2. Surgical patients will be required to either make a down payment on surgical charges or will be asked to leave a copy of a personal credit card on file. Patients will be notified after their insurance has paid their surgical fees, and the applicable remaining balance will be put on the credit card. Refer to surgical estimate form for an estimate of surgical charges.
3. All custom made orthotics will require a deposit of 70% down when the patient is casted and payment of the remaining balance when the patient picks up the orthotics. We also offer a 10% discount for balance paid in full at time of casting. If the patient's insurance company pays for the orthotics, patient will be refunded the amount the insurance company pays.
4. It is your responsibility to understand your benefit plant. Not all services provided by our office are covered by every plan. Our office will do our best to inform you of non-covered services. Any service determined to be non-covered by your plan will be your responsibility.
5. If we do not participate with your insurance plan, payment in full is expected from you at time of service. Our office will submit to your insurance as a courtesy, but only after payment in full is received. This includes surgical fees for non-participating insurances.
6. Patient balances are billed monthly. Any balance remaining over 60 days, regardless of insurance payment, will be forwarded to a collection agency. The patient will be responsible for any collection fees incurred in the collection of the debt.
7. There will be a charge to copy x-rays. There is a 10-day processing window for requested medical records and/or copied x-rays.
8. Bozeman Podiatry Clinic does not accept any Worker's Compensation cases.
9. Failure to notify Bozeman Podiatry Clinic of cancellation within 24 hours prior to an appointment will result in an accessed charge of \$30.

I have read and understand this office financial policy and agree to comply and accept the responsibility for any payment that comes due as outlined previously.

Patient Name: _____

Responsible Party's Signature: _____

Relationship to Patient: _____